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Capacity building to support the uptake of biosimilars in a multistakeholder approach

AUGMENT Biosimilars
Country fiche SWITZERLAND

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augment biosimilars

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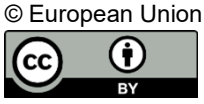

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Annex 7.31

AUGMENT Biosimilars country fiche: Switzerland 2025

Capacity building to support the uptake of biosimilars in a multistakeholder approach

The AUGMENT Consortium produced this country fiche as part of the project "Capacity building to support the uptake of biosimilars in a multistakeholder approach (HADEA/2023/OP/0040)" commissioned by the European Health and Digital Executive Agency (HaDEA). The AUGMENT Consortium consists of the Austrian National Public Health Institute (Gesundheit Österreich Forschungs- und Planungs GmbH / GÖ FP), as consortium lead; the Polish Agency for Health Technology Assessment and Tariff System (Agencja Oceny Technologii Medycznych i Taryfikacji / AOTMiT), the Medical University Sofia (MUS), and the NOVA National School of Public Health in Lisbon.

In this project (abbreviated AUGMENT Biosimilars project), the AUGMENT Consortium performed a **comprehensive study** which aimed to offer a **mapping and** an **analysis of existing policies and practices** to encourage biosimilar uptake and competition in 32 European countries (all European Union (EU) and European Free Trade Association (EFTA) Member States, and the United Kingdom). In the analysis, the impact of biosimilar policies on improving patient access to medicines as well as barriers and facilitators in the policy implementation will be studied. For further information see biosimilars.goeg.at.

Key terms related to biosimilar policies can be found in the project's Glossary.

Contributors

This country fiche was produced by GÖ FP based on information the PPRI network was used, and findings from systematic and narrative literature reviews.

We gratefully acknowledge the validation of this country fiche by:

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1 Summary of biosimilar policies and practice in Switzerland 2025

Key stakeholders

In Switzerland, the **Federal Office of Public Health (Bundesamt für Gesundheit, BAG)** acts as legislator and pharmaceutical pricing and reimbursement authority. The **Swiss Agency for Therapeutic Products (Schweizer Heilmittelinstitut, swissmedic)** is the national regulatory authority for medicines and implements the regulatory provisions including regarding biosimilars, their quality assurance and pharmacovigilance and informs about biosimilars. The **competition commission** provides comprehensive information on anti-trust legislation but has not yet intervened regarding biosimilars. There is a **Swiss Network for HTA (SNHTA)** performing HTA unsystematically. Health care professions are all organised in professional **associations**. Patients are organised in various associations, some of which specifically advocate or educate on biosimilars. The biosimilars and generics industry representation Intergenerika promotes and provides information on generics and biosimilars.

Major biosimilar policies and practices

Reimbursed prices for biosimilars entering the Swiss market are regulated via a **price link with different price reductions for biosimilars depending on the sales volume of the reference product**. There is **external price referencing** in place but mainly used for on-patent medicines and for price reviews. Biosimilars are **procured at facility-level**, i.e. by hospital pharmacies. There are some hospitals with a more centralised procurement system. Biosimilars are **reimbursed the same way as other medicines**, when included in the reimbursement list. **Co-payments** apply for biosimilars, as for other medicines, in both the outpatient and hospital sector. Since 2024 the co-payments for originator products to generics AND biosimilars were increased to up to 40 % (depending on the price difference to the reference product) if there is no documented medical reason to justify the use of the original.

HTA is applied for biosimilars in a few cases. The HTA program focuses on the re-evaluation of services with may not meet the criteria anymore (effectiveness, appropriateness and economic efficiency). **One biosimilar specific HTA report** was published in 2021 (biosimilars to treat rheumatoid arthritis).

Biosimilars may **be prescribed by INN**, their interchangeability is recognised in general and, since 2024 **biosimilar substitution by pharmacists is allowed**.

Impact analysis

Some studies on biosimilars and related policies' impact in Switzerland could be identified. There is **evidence that biosimilars entering the market can contribute to price reductions** (price link) and subsequently to public savings. The **pace of uptake of biosimilars strongly depends on the attitudes and**

knowledge about biosimilars both from health care professionals and patients. Switching is done with caution, while naïve patients seem to more often be prescribed biosimilars from the start. The **impact of biosimilar substation**, which was only introduced in 2024, **remains to be evaluated**.

Barriers, facilitators and good practice examples

There are **some financial and policy-related barriers** for better uptake and use of biosimilars in Switzerland. There is a **lack of incentives**, e.g., in the form of gain-sharing for both health professionals. All stakeholders **could be supported more with evidence** and evaluation studies (i.e., biosimilars related HTAs) on the impact of biosimilars and biosimilar policies. On the demand-side, a major barrier was that Biosimilars and the Originator were not considered as interchangeable until 2024. However, in 2024 **several changes were implemented fostering the use and uptake of biosimilars**, including the introduction of biosimilar substitution (see below). Evidence on the impact of these changes is yet to be evaluated.

Recent developments

Several changes in legislation were implemented in 2024 regarding pharmaceuticals, some of which are relevant to biosimilars and biosimilar policies. These changes may in future contribute to facilitating the uptake and use of biosimilars in Switzerland, including a **change in the distribution remuneration** and the **permission for biosimilar substitution as per revision of the Health Insurance Act (HIA)** with effect from 1 January 2024.

Highlights and learnings

There is a policy focus on biosimilars in Switzerland contributing to a **push in policies and initiatives from different stakeholders' positions**. This can have a major impact on the use of biosimilars in the country, **to be evaluated after some time** to measure the impact and learn from the consequences.

2 Key data regarding biosimilars in Sweden

First biosimilar medicine launched (i.e. brought on the market):
Epoetin and Filgrastim in January 2009 in Europe. Epoetin was the first in Switzerland

Source: Medicines for Europe 2023

Number of the **biosimilars marketed**:
15 molecules with biosimilars available, as of end 2023.

Source: Helsana Report: Arzneimittel 2024; Spezialitätenliste, Intergenerika Biopharmazeutika und Biosimilars, Edition 2024 (inkl. Spital)

Biosimilar market shares in 2023 (or latest available data):

Varying information available from online sources, however no official data source identified:

- *"In Switzerland, generics and biosimilars only have a market share of around 25%." (SWI 2023)*
- *"In Switzerland, the market share of biosimilars reached approximately 56% by volume in 2023, with individual biosimilars like Bevacizumab achieving up to 69% market share."* (IQONE 2025)

Key national publicly accessible sources reporting data on biosimilars *(e.g., on numbers of biosimilars marketed, reimbursed, dispensed, on (public) spending on biosimilars, on prices of biosimilars)*:

- Fakten und Zahlen 2020
- Fakten und Zahlen 2021
- Fakten und Zahlen 2024
- Spezialitätenliste (SL) - Übersicht (positive list) with dedicated chapter on biosimilars https://www.xn--spezialittenliste-yqb.ch/ShowNewGenerics.aspx
- Helsana Report | Arzneimittelreport 2024 - Helsana Report
- Biosimilars - Intergenerika – Medicines for Switzerland

3 Stakeholders involved in and targeted by biosimilar policies in Switzerland 2025

Stakeholder	Name in local language and English translation & URL	Role with regard to biosimilars	Publications by this stakeholder group
Legislator	Bundesamt für Gesundheit (BAG) / Federal Office of Public Health	Prepares legislation and establishes policies for biosimilar integration	See below
National regulatory authority	Schweizer Heilmittelinstitut (swissmedic) / Swiss Agency for Therapeutic Products	Implements regulatory provision regarding biosimilars, ensures quality assurance and pharmacovigilance.	Questions and answers on the authorisation of biosimilars Swissmedic 2023
Pharmaceutical pricing authority Pharmaceutical reimbursement authority	Bundesamt für Gesundheit (BAG) / Federal Office of Public Health with support by Federal Medicines Commission (FMC)	Decides on inclusion of biosimilar into reimbursement list and their price.	BAG 2023a BAG 2023b Triennial review of pharmaceuticals Rundschreiben Handbuch SL
Procurement agency		Procures some vaccines and medicines (but no biosimilars) at centralized level.	
HTA agency / body	Swiss Network for HTA (SNHTA)	Performs HTA (unsystematically).	Biosimilars to treat rheumatoid arthritis
National competition authority	Wettbewerbskommission / Competition Commission	Enforces competition regulation and provides information on anti-trust issues.	
National patent office	Eidgenössisches Institut für Geistiges Eigentum / Swiss Federal Institute of Intellectual Property	Granting and managing patents on biologic medicines	
Doctors	*Represented by:* Verbindung der Schweizer Ärzte / Swiss Medical Association Medical Societies: • Schweizerische Diabetes-Gesellschaft (SDG) / Swiss Diabetes Society • Schweizerische Gesellschaft für Gastroenterologie (SGG) / Swiss Society of Gastroenterology • Schweizerische Gesellschaft für Hämatologie (SGH) / Swiss Society of Hematology ○ Schweizerische Gesellschaft für Rheumatologie (SGR) / Swiss Society of Rheumatology • Nationale Alliances für seltene Krankheiten / National Alliance for Rare Diseases	Prescribe biosimilars by either by international nonproprietary name (INN) or trade name. Inform patients about biosimilars. Several medical societies in disease areas with biologics use identified (see left).	Änderungen der KLV und deren Anhänge sowie der SL ab 1.1.2024 | FMH
Nurses	*Represented by:* Schweizer Berufsverband der Pflegefachfrauen und Pflegefachmänner (SBK-ASI) / Swiss Nurses Association		
Community pharmacists	*Represented by:* Schweizerischen Apothekerverband pharmaSuisse / Swiss Society of Pharmacists pharmaSuisse	Dispense medicines, involved in patient education and administration of biosimilars.	New price model for generics and biosimilars New tariff for dispensing biosimilars

Stakeholder	Name in local language and English translation & URL	Role with regard to biosimilars	Publications by this stakeholder group
			Fakten und Zahlen 2020 Fakten und Zahlen 2021 Fakten und Zahlen 2024 Link: LOA IV
Hospital pharmacists	*Represented by:* Schweizerischer Verein der Amts- und Spitalapotheker (GSASA) / Swiss Association of Public Health Administration and Hospital Pharmacists	Procure medicines, inform patients.	
Patient organisations	*Represented by:* Fédération romande des consommateurs / Romande Consumer Federation Disease specific representation: • Diabetesgesellschaft Schweiz / Swiss Diabetes Association • Crohn Colitis Schweiz (CCS) / Swiss Crohn's and Colitis Association • Schweizerische Hämophilie-Gesellschaft / Swiss Hemophilia Society • Krebsliga Schweiz / Swiss Cancer League • Rheumaliga Schweiz / Swiss Rheumatism League	Patient organisations in diseases with particular biologics use and organisations with specific advocacy or education work on biosimilars identified (see left).	Rheumaliga 2024
Consumer organisations	*Represented by:* Fédération romande des consommateurs / Romande Consumer Federation Konsumentenorganisationen	Raise awareness on biosimilar affordability and patient access issues.	
Biosimilar industry Generic industry	*Represented by:* Intergenerika / Swiss generics and biosimilars	Produces and supplies generics and biosimilars. Association informs and educates health professionals and patients.	Interview Pharmaboardroom mit Dr. Lucas Schalch - Intergenerika – Medicines for Switzerland
Pharmaceutical industry in general	*Represented by:* Interpharma – Schweizer Verband der forschenden Pharma / Swiss Research-Based Pharmaceutical Association	Includes both innovators and biosimilar manufacturers, influencing policy discussions.	
Pharmaceutical industry for new biological medicines	*Represented by:* ScienceIndustries Switzerland - Wirtschaftsverband Chemie Pharma Life Sciences / Business Association Chemistry Pharma Life Sciences, Swiss Biotech Association	Focuses on research-driven innovation and development of biologics.	
Health Insurances	Verband der Schweizer Krankenversicherer / Association of Swiss Health Insurers Helsana	Promoting and incentivize biosimilar use using contracts between Stakeholders (under supervision of the FOPH)	Helsana Report

Source: Stakeholder mapping done by GÖ FP (AUGMENT Consortium)

4 Biosimilar policies and practices in Switzerland 2025

Note that the information relates to the year 2025, to the national level and to outpatient and inpatient sectors, unless specified differently.

4.1 Pricing and procurement policies

Biosimilar price link

A **biosimilar price link** is in place.	Yes, in place.
It applies for the following situations:	All biosimilars entering the Swiss market applying for reimbursement
Price reduction of the first biosimilar compared to the reference product	Different extent of price reduction compared to the market sale of reference product (between 20%-35%). If the patent of the reference product is expired for more then 6 years the price is calculated as the mean of the already existing biosimilars.
Price reduction of the second, third and further biosimilars	
Price reduction for the reference product	No. There is a price-reduction when the patent expires (Art. 65e KVV)
Any further specificities	In 2024, with amendments of the Federal Health Insurance Act (KVG) new cost-effectiveness rules apply for biosimilars. A biosimilar is considered economical if its price is 20% - 35% lower than that of the reference product (sales 8 Mio. - >25 Mio. CHF per year).
Generic price link	Yes, in place. Different extent of price reduction compared to the market sale of reference product (between 20%-35%).

Source: BAG 2023b, EKK 2025, PPRI 2025

External price referencing

External price referencing is applied for biosimilars.	No, not in place for biosimilars. Use of price link instead.
If yes, it is applied for the following situations:	EPR is applied for patent protected medicines and mainly used as a tool for regular (every three years) price reviews. A price link is used when the patent expires.
Any specificities	
External price pricing is in place for other medicines than biosimilars.	Yes, in place.

Source: PPRI 2025, Medicines for Europe 2023, Interpharma 2025, PWC 2024, BAG 2025a

Tendering

Some (or all) **biosimilars are procured through tendering** (or tendering-like) processes.	Yes.
If yes, the scope with regard to the care sector:	Inpatient sector only and only at hospital level.
Tendering biosimilars in the inpatient sector	
Scope of biological medicines tendered	Depending on facility.
Institutional framework	Conducted at facility level. Some hospitals have a more centralised PPM system, such as the University Hospitals Geneva (Hôpitaux Universitaires Genéve (HUG)) and the University Hospital of Vaud (des Centre hospitalier universitaire vaudois (CHUV)) with their 'Centrale

	d'achats et d'in-génierie biomédicale (CAIB). This procurement center performs procurements for the Geneva and Vaud Cantons hospitals HUG and CHUV.
Information available on procurement procedures and practices	
Tendering biosimilars in the outpatient sector (or tendering-like policies)	
Scope of biological medicines tendered	Not applicable as not in place.
Institutional framework	
Information available on procurement procedures and practices	
Generics are tendered (or procured through competitive tendering-like policies).	Inpatient: Yes. Outpatient: No.

Source: PPRI 2025; Vogler, Salcher-Konrad and Habimana 2022, Medicines for Europe 2020, Medicines for Europe 2023

4.2 Reimbursement policies

Reference price system

Biosimilars are **included into the reference price system (RPS)** applied in the outpatient sector.	No, not in place.
If yes, how many and under which specifications	Not applicable as not in place.
If publicly accessible, indicate URL of RPS list	
When were first biosimilars included in the reference price system?	
In general, a reference price system is in place (for other medicines than biosimilars), and how those medicines are clustered?	No, not in place.

Source: PPRI 2025, Medicines for Europe 2023

Inclusion into reimbursement and co-payments

Reimbursement in the outpatient sector	
Apart from their potential inclusion into the reference price system (see above), biosimilars are **included in outpatient reimbursement** (positive list).	Yes. In general, the reimbursement procedure is the same as for other medicines.
If yes, how many and date of inclusion into reimbursement, if known)	15 substances and 42 Biosimilars are reimbursed. The dates when they were started to be reimbursed can be found in the Spezialitätenliste.
Extent of reimbursement rates applicable for biosimilars included in the outpatient positive list	There is 10% (up to 40%) co-payment up until Fr. 700.- per year. After that 100 % is reimbursed.
Any specificities regarding the process of inclusion into outpatient reimbursement compared to other medicines for outpatient use	None, Price-link to reference products.
Indicate URL of outpatient positive list	Spezialitätenliste (SL) - Übersicht
Co-payments for biosimilars for outpatient use	Co-payments may apply (prescription fee, percentage co-payments and deductible). In 2024, increase in the rate of co-payment from 20% to 40% in case of medicines which are too expensive compared to medicines of the same active substances. However, there is the possibility to circumvent the higher co-payment if there is a documented medical reason for the usage of the original product. Co-Payments are limited to Fr. 700.- per year. Normal co-payment is 10%

For medicines for outpatient use in general (other medicines than biosimilars) Positive list for medicines in general Percentage reimbursement rates are in place Co-payments for reimbursable outpatient medicines	A positive list ("Spezialitätenliste") is in place. Lower than 100% coverage for all medicines in reimbursement lists. Co-payments are charged for funded medicines in the outpatient sector (prescription fee, percentage co-payments and deductible).
Reimbursement in the inpatient sector	
Biosimilars are included in hospital pharmaceutical formularies (at national, regional and/or facility level	Yes, in hospital pharmaceutical formularies.
Any specificities regarding the process of inclusion into hospital pharmaceutical formularies compared to other medicines for inpatient use	
Indicate URLs of hospital pharmaceutical formularies, if publicly accessible	Not publicly available.
Co-payments for biosimilars for inpatient use	Co-payments may apply for biosimilars in hospitals (prescription fee, percentage co-payments and deductible).
For medicines for inpatient use in general (other medicines than biosimilars): Hospital pharmaceutical formularies Co-payments for medicines for inpatient use	No national and/or regional /list list(s), but hospital pharmaceutical formularies at hospital level. Full (100%) coverage for all medicines used in hospitals. Co-payments for medicines for inpatient use (prescription fee, percentage co-payments and deductible).

Source: PPRI 2025, Medicines for Europe 2023, BAG 2025c, pharmaSuisse 2024b

4.3 Specific pricing, procurement and funding policies

Application of special pricing, procurement and reimbursement models for biosimilars (e.g., delinkage / subscription-model, management-entry agreements (MEA))	No, not applied.
Enforcement of anti-trust policies	Yes, information provided by competition commission, which enforces the competition law. Reforms for merger control may have consequences on the pharmaceutical sector, which until now has not been largely investigated by the commission. To date no concrete anti-trust cases with regard to biosimilars were identified.
Specific pricing and funding (e.g., subscription models, MEAs, …) for other medicines	Predominantly financial MEAs and some performance-based MEAs. No differentiation between biosimilars and other medication.

Source: PPRI 2025, GCR 2024, WEKO 2025

4.4 Supportive tools and practices for policy-makers

Horizon scanning

Public authorities or public payers use a **horizon scanning** system to identify loss of exclusivity (patent expiry) of biologics	No, not applied. We are aware of horizon scanning for new medicines, Switzerland is part of the International Horizon Scanning Initiative (IHSI), a spin-off of the Beneluxa Initiative in 2019

If yes, describe the process and the tools (e.g. regular consultation of a database, horizon scanning scoping meeting with stakeholders), including who use horizon scanning	Not applicable as not (yet) in place.

Source: PPRI 2025, Vogler, Salcher-Konrad and Habimana 2022

Health technology assessment

HTA is applied for biosimilar medicines	Yes, sometimes (see below).
If yes, in which situations and settings (outpatient and inpatient)	*"The legal basis of the programme is Article 32 of the Federal Health Insurance Act (KVG; SR 832.10), which specifies that medical services covered by compulsory health insurance must meet the criteria of effectiveness, appropriateness and economic efficiency. Compliance with these criteria is to be periodically reviewed. The HTA programme focuses in particular on the re-evaluation of services which may not meet the relevant criteria. The aim is to eliminate such services from the List of Reimbursable Items or to restrict mandatory reimbursement. In addition, the HTA programme evaluates services which are not currently reimbursable."* There was one biosimilar specific HTA report published in 2021 regarding biosimilars to treat rheumatoid arthritis. In 2024, with amendments of the Federal Health Insurance Act (KVG) new cost-effectiveness rules apply for biosimilars. A biosimilar is considered economical if its price is 20% - 35% lower than that of the reference product (sales 8 Mio. – >35 Mio. CHF per year).
Differences in criteria and processes of HTA for biosimilars compared to other medicines	
Any specificities	

Source: PPRI 2025, BAG 205a, BAG 2024d, BAG 2025e, Handbuch zur Spezialitätenliste 2025

4.5 Demand-side measures

Doctors (and further prescribers)

Country context: Only doctors may prescribe medicines.

Prescribing and switching recommendations	
Prescribing recommendations for doctors with regard to prescription of biosimilars exist	Yes, in place.
If yes, what is recommended for naïve patients?	Despite the low use of biosimilars the BAG generally acknowledges that biosimilars are interchangeable with biological reference products. Biosimilars are rather used for new patients, switches are rarer.
If yes, what is recommended for patients already on biologic treatment	
Prescription guidelines (including switching guidelines) were issued by	
URL of prescription & switching guidelines	
Prescribing quota	
Prescribing quota for doctors regarding prescription of biosimilars exist	No, not in place.
If yes, which quota are defined for biosimilars	Not applicable as not in place.
Any exemptions	
Any sanctions in case of non-achievement	
Any (financial) incentives for achieving the quota	
Prescribing quota were issued by	
URL of prescribing quota	
Prescribing quota for other non-biosimilar medicines exists	No, not in place.

Further gain-sharing models	
Further gain-sharing models exist (beyond those mentioned above)	No, not in place.
If yes, pls. describe (care setting: outpatient / inpatient, contract parties, content and incentives of gain-sharing, when was it introduced)	Not applicable as not in place.
Publicly accessible information	
INN prescribing	
In general, prescribing by **INN is in place** (information not focused on biologics)	Yes, voluntary.
If INN prescribing is allowed, there are some exemptions, and biologics are among the exemptions	Since 2024 Biosimilars can be voluntary INN prescribed. No exemption for biologics and biosimilars.
Further measures targeted at doctors	
Information materials for doctors	Yes, handbooks and websites. Mainly developed by biosimilars industry. Some information is available from the Medicines Agency website as well.
Information events for doctors (e.g., seminars, trainings)	Yes, seminars, conferences or workshops, as well as training or continuous professional development for healthcare professionals.
Involvement of doctors in switching studies that evaluate clinical outcomes of a switch	No, not identified.

Source: Kobler et al. 2020, BAG 2023, PPRI 2025, Medicines for Europe 2023

Pharmacists (and further dispensers)

Country context: Pharmacists and dispensing doctors may dispense.

Substitution policies	
(Automatic) substitution for biosimilars	Yes, allowed since 2024.
If yes, for which biologic substances and under which prerequisites?	All biologicals and biosimilars.
If yes, since when, and when was it extended? (process of implementation)	The revision of the Health Insurance Act (HIA, SR 832.10) with effect from 1 January 2024 and the modification of Art. 52a therein make it possible for the dispensing pharmacist to substitute biosimilars.
Any specificities	
URL of underlying law	Health Insurance Ordinance (HIO, SR 832.102) of 27 June 1995 (status as of 1 January 2024)
Generic substitution in place	Yes, indicative.
Gain-sharing models	
Gain-sharing models for pharmacists	No, not in place. But change in distribution share (distribution share refers to the combined wholesale and pharmacy mark-ups in Switzerland). This could increase biosimilar use and bring savings while reducing co-payments for patients. Contract between Pharmacies and Healthinsurances to incentivize generics and since 2024 biosimilars (Link: LOA IV 1.Januar 2016): Every substitution is financially rewarded depending on the price difference between original and biosimilar.
If yes, pls. describe (care setting: outpatient / inpatient, contract parties, content and incentives of gain-sharing, when was it introduced)	Not applicable as not in place.
Publicly accessible information	

Further measures targeted at pharmacists	
Information materials for pharmacists	Yes, handbooks and websites. Mainly developed by biosimilars industry. Some information is available from the Medicines Agency website as well.
Information events for pharmacists (e.g., seminars, trainings)	Yes, seminars, conferences or workshops, as well as training or continuous professional development for healthcare professionals, initiated by the biosimilar industry / insurances / healthcare-professionals associations.

Source: PPRI 2025, Medicines for Europe 2023, Swissmedic 2025

Patients

Information and educational measures	
Information materials for patients	Yes, handbooks, media campaigns and websites.
If yes, provide URL of most common materials	Biosimilar.ch, a website developed by the trade association intergenerika.ch.
If yes, key producers of education measures	Biosimilar medicines industry and materials also developed by collaborative (multistakeholder) effort.
Information events for patients (e.g., seminars, trainings)	Yes, seminars, conferences or workshops.
If yes, key providers of educational events	Biosimilar industry / insurances / healthcare-professionals associations
Gain-sharing models	
Gain-sharing models for patients	No, not in place.
If yes, pls. describe	Not applicable as not in place.
Publicly accessible information	

Source: Medicines for Europe 2023, pharmaSuisse 2025, PPRI 2025

5 Impact of biosimilar policies and practices in Switzerland

The table below informs about outcome indicators on patient access (e.g., higher number of patients treated), affordability (e.g., savings for the public payers, savings for patients) and availability (presence at the reimbursement list, time between market authorisation and reimbursement / market entry) which were caused by specific biosimilar policies or practices.

Evidence from the literature on impacts of biosimilar policies and practices in Switzerland

Outcome indicator	Caused by	Findings	Publication
Price reductions	Market launch of biosimilars	*"This cohort study found that fewer biosimilars entered the market in the US between 2011 and 2020 compared with Germany and Switzerland and on average, the biosimilar market share at launch was highest in Germany yet increased at the fastest rate in the US. Monthly treatment costs of biosimilars were substantially higher in the US compared with Germany and Switzerland."*	Carl et al. 2022
Pace of uptake of biosimilars	Attitude and knowledge by health care professionals	*"[…] similarities and differences between Germany and Switzerland regarding knowledge and attitudes towards biologicals and biosimilars remained unchanged before and after the COVID-19 pandemic. An influence of the pandemic is unlikely. There is still a clear lack of knowledge among community pharmacists on biosimilars, especially regarding the substitution rules. Due to a rising market with many benefits but also big challenges to overcome, the topic of biosimilars should receive more attention in the future. This requires additional training for pharmacists."*	Messner et al. 2023
Similar patient outcome	Introduction of infliximab	*Does the introduction of an infliximab biosimilar always result in savings for hospitals? A descriptive study using real-world data? "The introduction of CT-P13 and the disruption of patient treatment management were not associated with differences in average outpatient and inpatient costs and length of stay, in contrast to the results reported in the rest of the literature. Future research should focus on the cost-effectiveness of non-medical switching policies and the potential benefits for patients."*	Krstic et al. 2024a
Low prescription numbers	Patients' attitude towards biosimilars	*"The low number of biosimilar prescriptions, despite the proliferating biosimilar market, indicates a high potential for biosimilar diffusion. The findings indicate that patients typically adhere to the therapy options initially chosen and are less inclined to make changes following the initiation of treatment. Our research highlights the need for awareness initiatives to improve understanding among patients and physicians, enabling informed, shared decision-making about biosimilar prescriptions."*	Wirth et al. 2023
Better use (for naïve patients rather than switches)	Health care professionals' attitude towards biosimilars	*The present study reported current expertise, opinions, and attitudes toward TNF-α antagonist biosimilars among postgraduate physicians and specialists in Western Switzerland. Participants' knowledge and confidence in these biosimilars were high and consistent with the current trend reported in the literature. Respondents seemed particularly comfortable initiating biosimilar therapy in biologic-naive patients, whereas a significant proportion expressed concerns about switching patients already receiving an originator. Further studies would be needed to assess the need for specific guidelines for biosimilar switching or whether national incentives should be established to facilitate the communication around these biosimilars and their prescription.*	Krstic et al. 2024b
Low switching rates	Risks, limited evidence, economic hurdles	*The report summarized viewpoints from healthcare providers' viewpoints. These see that switches are hardly performed as considered too risky for well-treated patients who often do not appreciate a switch in addition. Doctors consider the study situation regarding the switch to be inadequate. There are also economic hurdles, such as false incentives due to the higher margins for original biologics or the higher administrative costs of using biosimilars.*	Kobler et al. 2020

Source: see last column and further details on the full citation in the bibliography at the end of this country fiche

6 Barriers for biosimilar uptake and policy implementation in Switzerland

Legal barriers

Substitution of biosimilars as well as prescription by INN is allowed. We do not see an obvious legal barrier.

Organisational barriers (health-systems or health institutions-related)

Different competences and funding responsibilities for outpatient and inpatient sectors, also different policy frameworks for private and public settings.
Lack of implementation plans for the broad information and education of the public.
Time will tell whether the 2024 implemented changes lead to a better biosimilar uptake and use.
Switzerland is small market. Biosimilar-Companies do not seem to be interested in a large scale on our market.

Financial barriers

There is a lack of incentives, i.e. gain-sharing for health professionals to prescribe, dispense biosimilars. An incentive has been created for patients by the implemented change in co-payments by increasing the rate of co-payment to up to 40%. There has been a change in the distribution share (distribution share refers to the combined wholesale and pharmacy mark-ups in Switzerland).

Evidence and communication-related barriers

There is a lack of evaluation studies of biosimilar policies, including limited performance of HTA reports in the field. Also, there is limited outreach of communication activities to effectively reach the target groups.

Policy-related barriers

In 2024 several changes were implemented fostering the use and uptake of biosimilars, including the introduction of biosimilar substitution, changes in the extent of price link (moving from one price reduction rate for all biosimilars to differentiated rates depending on the market volume of the reference product) and higher co-payments for medicines that are expensive compared to equivalents of the same active substance (BGA 2023a, BGA 2023b). Evidence on the impact of these changes is yet to be evaluated.

Stakeholder-related barriers

Kobler et al. 2020 found that from a healthcare provider's viewpoint it is anticipated that the biosimilar market in Switzerland will grow due to the increasing acceptance of biosimilars. However, the stakeholders considered that a high biosimilar market share is unlikely to be achieved when the regulatory framework is not adapted accordingly.

In 2024 several changes were implemented fostering the use and uptake of biosimilars. Evidence on the impact of these changes is yet to be evaluated.

7 Facilitators and good practice examples in Switzerland

The changes as of January 2024 are a bundle of policies which are aimed at supporting biosimilar use and uptake. The changes include:

- ➔ Introduction of biosimilar substitution as per revision of the Health Insurance Act (HIA) with effect from 1 January 2024.
- ➔ Change in the distribution remuneration (distribution share for combined wholesale and pharmacy mark-ups).
- ➔ Change in co-payments, increasing the rate of co-payment from 20% to 40% in case of medicines which are too expensive compared to medicines of the same active substances.
- ➔ Change in cost-effectiveness rules with amendments of the Federal Health Insurance Act (KVG) new cost-effectiveness rules apply for biosimilars. A biosimilar is considered economical if its price is 20% - 35% lower than that of the reference product (sales 8 Mio. - >25 Mio. CHF per year).

8 Developments in Switzerland

For recent changes in 2024 see above.

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